

AKRON BOARD OF ZONING APPEALS
APPEAL OF ORDER TO COMPLY

To: The Board of Zoning Appeals, Akron, Ohio

Date: _____

The undersigned (circle one) **owner / holder of option / lessee /** _____
of the property herein involved, does hereby appeal the Superintendent of Building Inspection's
ORDER TO COMPLY (and NOTICE OF ADMINISTRATIVE PENALTY) dated _____
to the Board of Zoning Appeals.

SUPPORTING INFORMATION

IF ALL THE APPLICABLE PROVISIONS BELOW ARE NOT SUPPLIED WITH THIS APPEAL,
NORMAL PROCESSING WILL NOT OCCUR UNTIL ALL ITEMS ARE SUBMITTED.

1. Property Location (Address and Parcel Number(s)): _____

2. Violation(s) Cited: _____

3. My reasons for this appeal are: _____

4. Attach a copy of the ORDER TO COMPLY (and NOTICE OF ADMINISTRATIVE PENALTY) being
appealed.

PRINT / TYPE name of **OWNER(S)** _____

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

Email: _____

PRINT / TYPE name of **Holder of option** **Lessee** _____

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

Email: _____

ALSO NOTIFY:

PRINT or TYPE name

Relationship to Petitioner (agent, attorney, principal, etc.)

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

Email: _____

ALSO NOTIFY:

PRINT or TYPE name

Relationship to Petitioner (agent, attorney, principal, etc.)

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

Email: _____

A NON-REFUNDABLE FILING FEE shall accompany this appeal upon submittal to
The Department of Planning and Urban Development
Municipal Building Room 405, 166 S. High Street, Akron, OH 44308-1628

Please make CHECKS PAYABLE to City of Akron.

.....
DO NOT WRITE BELOW THIS LINE
.....

Reason(s) for requiring an Appeal is/are: _____

Signature of Zoning Manager

This is to certify that a fee of \$ _____ has been received for investigation incident to this appeal. (\$75.00)

Receipt # _____

Appeal # _____ -2017-Z

Signature of City Employee

Councilperson _____ Ward _____

Title

COUNCIL TIME STAMP

ZONING TIME STAMP

2017
AKRON BOARD OF ZONING APPEALS

<u>MEETING</u>	<u>FILE DATE</u>
JANUARY 25, 2017	DECEMBER 8, 2016
FEBRUARY 22, 2017	JANUARY 18, 2017
MARCH 29, 2017	FEBRUARY 15, 2017
APRIL 26, 2017	MARCH 22, 2017
MAY 24, 2017	APRIL 19, 2017
JUNE 21, 2017	MAY 17, 2017
JULY 26, 2017	JUNE 21, 2017
AUGUST 30, 2017	JULY 26, 2017
SEPTEMBER 27, 2017	AUGUST 23, 2017
OCTOBER 25, 2017	SEPTEMBER 20, 2017
NOVEMBER 29, 2017	OCTOBER 25, 2017
DECEMBER 20, 2017	NOVEMBER 22, 2017

In order to become ELIGIBLE for placement on the above meeting dates, the accompanying petition/appeal must meet all of the requirements as listed in the petition/appeal. Submission on or before the file date does not guarantee placement on the corresponding meeting's agenda but enables you to become eligible for the meeting.